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## \*BIBDATASHEET\*

CONFIRMATION NO. 9562

Bib Data Sheet

SERIAL NUMBER 09/687,911	FILING DATE 10/13/2000  RULE	CLASS 514	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. CEDAR-44649
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## APPLICANTS

Rostyslav Stoika, Lviv, UKRAINE;

Gregory A. Horwitz, Calabasas, CA;

Xun Zhang, Malden, MA; Shlomo Melmed, Los Angeles, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/569,956 05/12/2000 — *No disclosure*  
which is a CIP of 08/894,251 07/23/1999 PAT 6,455,305 ✓  
which is a 371 of PCT/US97/21463 11/21/1997  
and claims benefit of 60/031,338 11/21/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/16/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY UKRAINE	SHEETS DRAWING 14	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 4
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## ADDRESS

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Sidley Austin Brown & Wood LLP  
555 West Fifth Street  
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90013-1010

## TITLE

Modulating activation of lymphocytes and screening potential immunomodulating agents by targeting pituitary tumor transforming gene (PTTG) expression and/or function

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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<b>SERIAL NUMBER</b> 09/687,911	<b>FILING DATE</b> 10/13/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> CEDAR-44649
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**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 01/16/2001**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> UKRAINE	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 53	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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<b>FILING FEE RECEIVED</b> 757	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit